

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	1	1	1	1	1	1	1	1	1
2	1		1	1						
3		2								
4		2								
5	1									
6	1									
7	1									
8	1									
9	1									
10	1									
11	1									
12										
13	1									
14	1									
15	1									
16	1									
17	1		1							
18	1		1							
19	1		2							
20			2							
21			1							
22			1							
23			1							
24			1							
25			1							
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	32		1		1					
TOTAL DEP.	1512		1512		1512					
TOTAL CLAIMS	1814		15		15					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS